



DESTINATION 2012

Quest

for Recovery

Mission: The Milwaukee County Behavioral Health Division is a public sector system for the integrated treatment and recovery of persons with serious behavioral health disorders.

SPRING 2010 NEWSLETTER

Vision: The Milwaukee County Behavioral Health Division will be a Center of Excellence for person-centered, quality best practice in collaboration with community partners.

Core Values:

1. Patient centered care
2. Best practice standards and outcomes
3. Accountability at all levels
4. Recovery support in the least restrictive environment
5. Integrated service delivery

BEHAVIORAL HEALTH DIVISION PILLARS OF EXCELLENCE

- Service
- Finance
- Quality
- People
- Development

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FROM THE DESK OF THE ADMINISTRATOR...

Congratulations to the BHD Team for a year full of excellent accomplishments. It is amazing to me as I gathered data to write this letter how many improvements to BHD have occurred in 2009. I am happy to share with you our Third issue of the QUEST Newsletter and hope you will find that it is rich with information and system improvements. Congratulations to each staff who participated in Action Teams in 2009. Below are our many accomplishments:

1. Eliminated Police Diversion and wait time for law enforcement to access Psychiatric Crisis Service.
2. Eliminated Overcrowding on Acute Adult Inpatient Units and returned the Inpatient Hospital to its licensed bed capacity of Ninety-Six.
3. Awarded \$3.8 M SAMSHA Grants for special adult populations including homeless, offender reentry and drug court.
4. Awarded \$799,000 from the State of Wisconsin for Crisis Training Grant.
5. Successfully implemented transition of Food Service to private vendor saving \$1.5 M annually, preserving core clinical capacity.
6. Decreased Departmental Overtime by 50% saving over \$1.2 M.
7. Achieved 2-Year State Certifications without citations for Day Treatment, Community Support Program (CSP) and Crisis Services.
8. Successfully opened 2-8 bed Community-Based Residential Facilities for individuals who need support in housing.
9. Wraparound Milwaukee was selected by Harvard University's Kennedy School of Government as the 2009 winner of the "Best Innovation in American Government" award.
10. Wraparound Milwaukee was able to expand the REACH program to serve more families outside of the child welfare and juvenile justice systems.
11. Wraparound Milwaukee continued its involvement in the Milwaukee Public Schools Safe Schools/Healthy Students program with our Wraparound School Liaison position
12. Wraparound Milwaukee was approved by the State in 2009-2011 budget to expand Mobile Urgent Treatment Services for the Bureau of Milwaukee Child Welfare foster care system for treatment foster care, court-ordered kinship care and to provide mental health assessments for youth entering the foster care system.

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13. Wraparound Milwaukee has partnered with the Wisconsin Department of Health to get one of seven National Health Transitions Grants. The five year, \$2.5 million grant will allow Wraparound Milwaukee to serve youth and young adults with serious emotional needs, ages 16 to 25 to help transition them to adulthood and improve the delivery of housing, employment, education, recreation and mental health services.
14. Wraparound sold its IT software to Cuyahoga County and to the State of Georgia

As you can see from the above highlights, 2009 was a very busy year for BHD staff and patients. As a Division, we have made excellent progress toward our stated goals. We will continue the QUEST for Excellence on becoming the best at serving individuals in Milwaukee County who have the most serious behavioral challenges in our community.

*John Chianelli, Administrator
Behavioral Health Division*



FROM THE DESK OF THE MEDICAL DIRECTOR...

Spring has brought a change of temperature as well as many changes to BHD. We have begun the journey to reacquire Joint Commission accreditation and have given ourselves a timetable for reapplication by 2012. For those of you who weren't here (or who weren't kept in the loop) we voluntarily let our Joint Commission accreditation expire in 2004 out of concern that monies needed for recertification could best be spent on other organizational needs. I know this was a very difficult decision at the time and our current Leadership Team has deliberated at length about plans to recertify with this accrediting body. Here is why we have decided to again pursue this status:

The Joint Commission (TJC, formerly JCAHO) is an organization that develops relevant and current safe practice guidelines for health care organizations around the world. Compliance with TJC standards is a well-accepted pathway that hospitals use to assure the delivery of quality and state-of-the-art healthcare to its patients. Insurers also recognize TJC accreditation as a measure of the appropriateness of health care provided by an organization and accreditation is often used to determine reimbursement for services. We have always maintained our certification by the Centers for Medicare and Medicaid Services (CMS) and we must continue to do so to be able to bill these funding sources. Having TJC accreditation will help promote BHD to another level of quality and safety so that the care we provide to our patients is the absolute best, the care that each and every employee strives to provide in our organization. TJC has also promulgated the National Patient Safety Goals, a list of 16 (and growing!) commandments to reduce errors in potentially high-risk areas of practice (such as misidentification of patients), which may result in significant harm to our patients if not closely followed.

So how will this process occur? Members of our Clinical Operations Lead Team have completed a gap analysis to determine areas needing policy and practice enhancements to be TJC compliant. By and large, our practice seems to be meeting many of the standards; we are seeing some deficiencies in our measurement of compliance and many of our policies need revision and review. As this process unfolds, ALL BHD employees will need to become familiar with the expectations and terminologies of TJC. To this end, all BHD department heads and managers have participated in a series of webinars produced by TJC to gain understanding of these concepts. The next (and MOST important) step, will be to effectively communicate our plans so that every BHD employee has a clear understanding of the policies and practices that will assure the delivery of the best behavioral health care to each of our patients. I know that all of you strive to meet this goal everyday; having TJC accreditation will be the recognition by a worldwide organization of the quality of your hard work and dedication.

I welcome your questions and comments about this process. We all will need to learn the terminology and expectations of TJC to make our efforts a success. We have the current standards manual for hospitals available and encourage employees to review these guidelines. Our team will be rolling out many initiatives so that every BHD employee will become a "TJC Expert" before the arrival of a survey team and to assure the best care for every patient we treat.

Again, thank you for all the "most excellent" care you provide and for your participation in this journey!

*Thomas Harding, M.D., Medical Director
Behavioral Health Division*



BHD – Wraparound Program Wins Harvard University Innovation Award

The Ash Institute for Democratic Governance and Innovation at the John F. Kennedy School of Government at Harvard University has named BHD's Wraparound Milwaukee Program as the 2009 winner of the Best Innovation in American



Government. As winner of the award, Wraparound Milwaukee is awarded a \$100,000 cash award from the Annie E. Casey Foundation to be used for activities related to the replication of the model across the United States and even Internationally.

Wraparound Milwaukee competed with nearly 1000 projects across the US for the award. It is the first program from Milwaukee and only the second from the State of Wisconsin to ever win the award.

The innovative practices for which Wraparound Milwaukee was recognized include:

- The wraparound philosophy and approaches used.
- The collaboration across child serving systems - so each child with serious emotional and mental health needs and his/her family has a single care plan, single care coordinator.
- The unprecedented pooling of funds across Child Welfare, Juvenile Justice, Mental Health and Medicaid.
- Its design as the country's first publicly operated HMO for children with SED.
- Its broad benefit design including a comprehensive network of 210 provider agencies.
- Its innovative IT system; Synthesis, that provides an electronic health record.
- Its strong focus on engaging families and having families drive the care planning process.

Wraparound Milwaukee, which serves nearly 900 children, has also been recognized for achieving very positive programmatic, clinical, financial and educational outcomes for its enrolled youth and their families.

As a recipient of the 2009 Innovation Award, Harvard University will be funding and producing a 30-minute video on Wraparound Milwaukee for PBS narrated by actor Sam Waterson. Produced as part of the Visionaries Series, the video will be released in spring. Wraparound Milwaukee will also be hosting two national conferences in 2010 and 2011 to bring together other US states and local communities that want to replicate our model.

On September 21, 2009 a celebration in recognition of BHD and Wraparound Milwaukee Program receiving the Harvard Award was held in the Day Treatment Cafeteria. Along with John Chianelli and myself, County Executive, Scott Walker, Juvenile Court Judge Marshall Murray and County Supervisor, Health Committee Chairperson, Peggy West spoke at the reception. Distinguished guests included County Supervisor, Mark Borkowski and Interim DHHS Director, Lisa Jo Marks.

This award is a great honor for BHD and demonstrates the creativeness and commitment of our staff to develop programs to improve the lives of children with serious emotional and mental health needs and their families.

Bruce Kamradt, Administrator, Child and Adolescent Community Services Behavioral Health Division

BHD will implement and utilize fiscal management practices that ensure accountability and responsibility for the organization's financial resources.

Overtime Reduction Initiative:

1. In 2009, overall OT for BHD decreased from an average OT per pay period of \$214,655 in January to \$141,765 in July. That results in an annual decrease of nearly \$1.9 million if BHD can sustain the reductions.
2. Over 90 percent of the division areas within BHD decreased their OT between January and July 2009.
3. Based on the percent change from January to July 2009, the following areas decreased the most in OT (all over 40% decreases):
 1. Med Records
 2. Org Development
 3. Accounts Receivable
 4. Wraparound
 5. Operations - Linen
 6. Legal Services
 7. Acute Adult Services
 8. PCS/Observation

Good job, everyone! Keep up the good work!

Going Green update: BHD is holding the line on utility costs. Thank you for your continued efforts.

submitted by Alex Kotze



BHD will provide evidence-based best practices to ensure safety, manage risk, and achieve recovery-oriented behavioral health outcomes.

Trauma-Informed Care

Statistics on trauma show that 56% of the general population report at least one traumatic event (abuse, accident, oppression, etc.) in their lifetime, whereas, 90% of behavioral health clients have been exposed to a traumatic event and most have had multiple experiences of trauma. The data clearly illustrates how prevalent trauma is and that trauma sensitive practices need to be incorporated into all aspects of behavioral health care. Therefore, BHD has made the commitment to integrate trauma-informed care (TIC) into all areas of our service delivery system.

Trauma-informed care is an approach to working with people to prevent trauma from occurring within the service system and to promote healing from past traumas. It enables us to collectively work toward developing healing environments and relationships, which means wellness for survivors and healthier communities. TIC is not one specific method or a new skill; it is a way of being. TIC is a cultural change that encourages mutual empowerment, focuses on staff and consumers, and recognizes and addresses the impact of trauma-current and past.

Qualities of a Trauma-Informed System of Care:

- Understand that trauma impacts many people's lives
- Provide services that are trauma-sensitive
- Respect and collaborate with consumers
- Place priority on the consumer's safety, choice and control

Positive outcomes shown to occur in a Trauma-Informed System of Care:

- Better quality of life for consumers and providers
- Greater consumer satisfaction
- Greater chance of recovery
- Reduced chance of consumer re-traumatization
- Lower rates of consumer and staff assault and injury
- Lower rates of staff turnover and higher morale

Domains for Change:

- Consumer Involvement
- Agency/Organizational
- Human Resource Practices
- Environment
- Direct Services

The Trauma-Informed Care Team is looking forward to incorporating the concepts of TIC at BHD and being a part of this perspective shift for the improvement of the care provided to our consumers. If you are interested in joining the TIC team, please contact Donna Jensen in Education Services (X4897) or Amy Lorenz in Crisis Services (X7729).



What are the major patient safety components at BHD?

1. Maintaining a well-trained, competent staff.
2. Patients and their families are educated/utilized as a significant safety strategy.
3. Specific policies and processes to ensure that patients are safeguarded from harm.
4. Incident/Risk Management reporting system for real/near miss situations that pose a safety concern.
5. BHD Medical Director conducts Noon Safety Briefing five times per week to identify/address/correct clinical and environmental safety concerns.
6. BHD Critical Incident Committee functions as organization's risk management body to investigate serious occurrences and take steps to prevent reoccurrence.

2009 NATIONAL PATIENT SAFETY GOALS:

What BHD Staff Need to Know

What are the National Patient Safety Goals? The National Patient Safety Goals (NPSG's) promote specific improvements in patient safety. The goals were developed by the Joint Commission and consensus experts through analysis of sentinel events and problem-prone areas of healthcare that significantly impact patient safety. The goals provide specific, required elements of performance to reduce the risk of adverse events. The goals are listed below and BHD must be in full compliance with these goals to attain Joint Commission accreditation.

GOAL #1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Use at least two identifiers when providing care, treatment and services.

GOAL #2: EFFECTIVE COMMUNICATION AMONG CAREGIVERS

Communication breakdowns are the #1 cause of sentinel events and disastrous outcomes.

There are four requirements regarding communication with other caregivers:

1. **Write Down and Read Back verbal/phone orders and critical test results**
2. **Standardize abbreviations:**
There is a standardized list of abbreviations, acronyms, symbols, and dose designations that are not to be used at BHD. The "do not use" list applies to all orders and medication-related documentation that is handwritten or entered as text into a computer or used on pre-printed forms.
3. **The process for communicating Critical Results is defined and implemented.**
4. **There is a standardized approach for Hand-Off Communication.**

Use a standardized approach to provide accurate information about a patient's care, treatment, and services, current condition and any recent or anticipated changes when there is a "hand-off" of care (admission, transfer, shift-to-shift report etc.) Effective hand-off communication must include an opportunity for the receiver of the hand-off information to review relevant patient historical data, which may include previous care, treatment, and services. There must be an opportunity to ask and respond to questions. *Shift to shift report is not taped or read

from a kardex unless the person who provided the report is physically available to respond to questions.

BHD's standardized approach is the use of SBAR:

Situation
Background
Assessment
Recommendation



GOAL #3: IMPROVING MEDICATION SAFETY

Look-alike/sound-alike medications are identified by the organization and the facility takes action to prevent errors involving the interchange of these medications.

Medications are labeled whenever any medication or solution is transferred from the original packaging to another container. The label includes the medication name, strength, amount, expiration date when not used within 24 hrs, and expiration time when expiration occurs in less than 24 hrs. Medications are not pre-poured or left unlabelled.

Anticoagulant therapy: Reduce the likelihood of patient harm associated with the use of anticoagulation

Coming Soon:

BHD Anticoagulation Therapy: Guidelines and Management Policy

What anticoagulation medications (blood thinners) are used at BHD? warfarin (Coumadin®) and enoxaparin (Lovenox®). Medication errors related to anticoagulation therapy are associated with adverse patient outcomes.

GOAL #7: REDUCE THE RISK OF HEALTH CARE ASSOCIATED INFECTIONS

- Wash your hands!
- Investigate and analyze all health care-associated infections
- Implement evidence-based practices to prevent health care associated infections due to multidrug-resistant organisms.

GOAL #8: ACCURATELY AND COMPLETELY RECONCILE MEDICATIONS

across the continuum of care. The goal is to prevent mistakes in patient medication orders by communicating accurate medication information when the patient is admitted, transferred, or discharged.

GOAL #9: REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

- Assess patients for risk of falls
- Implement interventions to reduce the patient's fall risk
- Know how we communicate fall risk at BHD and which patients are at risk for falling.

GOAL #13: ENCOURAGE PATIENTS' ACTIVE INVOLVEMENT IN THEIR CARE AS A SAFETY STRATEGY

- Informed patients and families are an important source of information about potential adverse events.
- Patients and families are educated about methods to "Speak Up" and report concerns related to their care, treatment, services, and patient safety issues.

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Some examples of tools we use at BHD:

- Patient admission handbook
- Patient rights posters and brochures
- Community Meetings
- Family and Guardian Meetings
- Education Groups
- Documentation of Patient/Family teaching
- Client Rights Specialist (and Patient Grievance Complaint Line)

GOAL #15:

The organization identifies safety risks inherent in its patient population and IDENTIFIES PATIENTS AT RISK FOR SUICIDE.

* Suicide of a patient while in a healthcare facility has been the most frequently reported type of sentinel event to the Joint Commission since 1996.

GOAL #16:

IMPROVE RECOGNITION AND RESPONSE TO CHANGES IN A PATIENT'S CONDITION.

BHD has a process that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

- BHD has a system to request additional assistance/assessment related to a patient's worsening physical and psychiatric status. A process exists for routine, urgent, emergent and emergency services.
- BHD staff are responsible to recognize and respond to a change in the patient's condition and communicate the concern to the psychiatrist or physical care practitioner as appropriate.

BHD Volunteer Services Department

During the past year, employees at the Behavioral Health Division have been treated to the sight and smell of the popcorn wagon, operated by Sue Malsack, who coordinates the Volunteer Services Department. Several days a week, Sue works on raising the spirits of the employees while raising money for worthy causes. When thanked for her efforts, she is quick to point out that the idea for the Volunteer Services program came from Jim Tietjen, Associate Director of DHHS Operations, who is spending time at BHD working to improve our building and grounds, and Keith Kalberer, Operations Coordinator.

The Volunteer Services Department, with help from BHD employees who willingly offer their time and support, coordinated activities benefiting patients and clients including:

- collecting calendars, without spirals, to brighten patients' rooms;
- wrapping holiday gifts for the patients;
- conducting a jewelry sale to raise money for St. Ann's Center and our Patient Holiday Fund;
- collecting donated nonperishable food items which were donated to the Salvation Army; and
- supporting a fundraiser which raised \$500 to purchase knit hats, knit mittens, ski gloves, fleece material and fleece blankets for our long-term and acute inpatients. Employees purchased bagels, muffins, popcorn and books and volunteers put in countless hours sewing, making blankets, decorating, wrapping gifts and donating goods and money.

In December, employees were treated to a Holiday Tea which included cookies and refreshments as well as live music provided by our Music Therapy Department and Community Musicians. The holiday gathering was held in appreciation for all of their hard work during a very difficult year.

Beginning on March 1, the Volunteer Department began a new project to promote healthy lifestyles for our employees, while raising money for our patient activity fund. Thanks to Sue Moeser for the idea, Jim Tietjen for starting the Employee Wellness program at BHD, and to Sue Malsack for coordinating it. Thirty-seven employees signed up for the **Weight Loss Fundraiser**, which includes a weekly weigh-in, blood pressure check and a nutritional sheet with a healthy recipe. The eight-week commitment gives the employees the option of deciding how much they would like to pay per pound lost, or ideally, obtain sponsors to pay per pound lost. Everyone can participate, either by losing weight or as a sponsor. At the end of the "event" all employees who stayed in the program for all 8 weeks, will be entered into a raffle for a chance to win a half-hour massage. Sue reports that in the first week, participants lost a total of 30 pounds, which is the equivalent of 120 sticks of butter. CONGRATULATIONS, PARTICIPANTS!!!

volunteer services





In 2009, the Housing Division's special needs staff collaborated with BHD clinicians and staff from Disability Rights-Wisconsin to successfully relocate 112 individuals from substandard housing to decent, safe, clean and affordable living space. The individuals had faced imminent homelessness when the facilities they lived in closed abruptly. The effort earned the Housing, BHD and DRWI staffs the Behavioral Health Division's "Quest for Excellence" Award.

The Housing Division's additional accomplishments in collaboration with community partners: Six supportive housing projects are now either completed or under construction and one more is pending approval.

- **United House:** a 24-unit permanent supportive housing development at 25th & Center, opened 8/08 and is a joint initiative of Cardinal Capital Management and Our Space, Inc. The project received \$348,450 of County Housing Trust Fund (CHTF) funding and is the first of its kind in Milwaukee County history.
- **Prairie Apartments:** a 24-unit permanent supportive housing

development at 12th and Highland that opened in 4/09 and is a joint initiative of Heartland Housing and Guest House of Milwaukee. The project received \$157,544 in CHTF financing.

- **Washington Park Apartments:** a 24-unit permanent supportive housing development for families located on West Lisbon Ave., which opened in late 2009. This project was an initiative of United Methodist Children's Service and received \$277,000 of CHTF funding.
- **Johnston Center Residences:** a 91-unit permanent supportive housing development located 13th and Windlake Ave. This project is a joint initiative of Mercy Housing Lakefront and Hope House. The project is under construction and has been approved to receive \$750,000 of CHTF funding, and is expected to open late this year.
- **Empowerment Village-National:** a 35-unit permanent supportive housing development located at 1527 W. National Ave. This project is a joint initiative of Cardinal Capital Management and Our Space.

The project is under construction and has been approved to receive \$500,000 of CHTF funding.

- **Veterans Manor:** a 52-unit permanent supportive housing development to be located at the corner of 35th St. and Wisconsin Ave. The project is a collaborative effort of Cardinal Capital Management and the Center for Veterans' Issues. The City and County jointly sought nearly \$1 million in supplemental federal Community Development Block Grant funds made available under the federal economic stimulus bill. Construction is expected to begin before the end of 2010.
- **Empowerment Village-Lincoln:** a proposed 30-unit permanent supportive housing development to be located in the 500 block of West Lincoln Ave. The project is a collaborative effort of Cardinal Capital Management and Our Space, Inc. Construction and rehabilitation have begun on this project.

SAMHSA Grant Announcements

In Spring 2009, SAMHSA's Center for Substance Abuse Treatment (CSAT) released four requests for application (RFA) discretionary grant announcements to serve the adult population. The four RFAs were: Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need-Local Recovery-Oriented Systems of Care, Grants to Expand Substance Abuse Treatment Capacity for Adult Drug Courts, Offender Reentry Program, and Development of Comprehensive Drug/Alcohol and Mental Health Treatment Systems for Persons Who are Homeless (Treatment for Homeless). BHD responded to all of the RFAs in collaboration with other Milwaukee County departments including Milwaukee County Circuit Court for the Adult Drug Treatment Court. SAMHSA funded three of the four applications submitted by Milwaukee County: Treatment for Homeless, Offender Reentry Program and Adult Drug Treatment Court. The total amount of the awards for all three grants is \$3.85 million over the life of the grants.

Treatment for Homeless

The purpose of the Milwaukee County Behavioral Health Division's proposed *Milwaukee Welcome to Income, Sobriety and Housing (MI-WISH)* project is to develop a recovery-oriented integrated system of care to provide homeless (primarily African American) adults with substance abuse disorders or co-occurring substance abuse disorders and mental health disorders with treatment and recovery support services; and to help them develop a stable income so that they can sustain housing.

Offender Reentry Program

The Milwaukee Behavioral Health Division (BHD) proposes to build on the success of its Access to Recovery-funded re-designed service delivery system, to expand and enhance its services for adult offenders reentering Milwaukee from prison. The *Milwaukee Linking Individuals to a New Chance (MI-LINC)* project will build on existing linkages between BHD and the Wisconsin Department of Corrections (DOC) to serve (primarily African American) adults with substance abuse disorders.

Adult Drug Treatment Court

The Milwaukee County Adult Drug Treatment Court targets high risk/high need non-violent offenders with significant substance abuse problems who are charged with a felony or are chronic misdemeanants, are willing to participate in treatment, and who would otherwise face a District Attorney's Office recommendation for incarceration. Once accepted into the program, participants are assigned to a case manager and placed in treatment through the Wiser Choice provider network. Regular appearances before the Drug Court judge represent a core element of the process as individuals are called to account for their treatment participation and other behavior or, as is often the case, receive praise and positive reinforcement for treatment progress. If participants successfully complete Drug Treatment Court, their initial case is dismissed.



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